

12-15-00

A

PTO/SB/21 (08-00)

Please type a plus sign (+) inside the box → ☐

Approved for filing through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number

Filing Date

First Named Inventor

DAVID R. BASSETT ET AL.

Group Art Unit

Examiner Name

Attorney Docket Number

17844-1

Total Number of Pages in This Submission

PTO  
09/13/2000  
U.S. PATENT  
OFFICE

12/14/00

**ENCLOSURES (check all that apply)**☒ Fee Transmittal Form☒ Fee Attached☐ Amendment / Response☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☒ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/ Incomplete Application☐ Response to Missing Parts under 37 CFR 1.52 or 1.53☐ Assignment Papers (for an Application)☐ Drawing(s)☐ Licensing-related Papers☐ Petition Routing Slip (PTO/SB/69) and Accompanying Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s)☐ After Allowance Communication to Group☐ Appeal Communication to Board of Appeals and Interferences☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please identify below):**DECLARATION**

Remarks

RECEIVED  
DEC 19 2000  
OIFE/JCWIS**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm  
or  
Individual name

Warren K. Volles

Signature

Warren K. Volles

Date

12-11-00

**CERTIFICATE OF MAILING**I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 

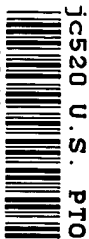
Typed or printed name

Signature

Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

12/14/00



00727269-121400

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL**Note: Effective October 1, 1997.  
Patent fees are subject to annual revision.*Complete if Known*

Application Number

Filing Date

First Named Inventor

David R. Bassett et al.

Group Art Unit

Examiner Name

**TOTAL AMOUNT OF PAYMENT (\$)**

Attorney Docket Number 17844-1

**METHOD OF PAYMENT (check one)**1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 21-0100

Deposit Account Name UNION CARBIDE CORPOPRTATION

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance☐ Payment Enclosed:☐ Check ☐ Money Order ☐ Other**FEE CALCULATION****1. FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
<b>SUBTOTAL (1)</b>					<b>(\$710)</b>

**2. CLAIMS**

Total Claims 18 - 20 =  X  =   
 Independent Claims 1 - 3 =  X  =   
 Multiple Dependent Claims  X  =

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim	
109	80	209	40	Reissue independent claims over original patent	
110	18	210	9	Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>					<b>(\$)</b>

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second mo.	
117	890	217	445	Extension for reply within third month	
118	1390	218	695	Extension for reply within fourth month	
128	1890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Pet. to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1240	241	620	Petition to revive - unintentional	
142	1240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applns.	
126	240	126	240	Submission of Info. Disclosure Stmt.	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify):

Other fee (specify):

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$)****SUBMITTED BY***Complete (if applicable)*

Type or Printed Name WARREN K. VOLLES

Reg. Number 33,810

Signature

*Warren K. Volles*

Date

12-11-00

Deposit Account

User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.